



Navy Suicide Prevention

THE TRUTH ABOUT SAILORS AND SUICIDE

Several myths exist about suicide and suicide prevention...wouldn't you rather know the truth? Below are real facts that combat common misconceptions about suicidal ideation and intervention. By knowing the truth, you can empower yourself to ACT!

TRUTH: DISCUSSING THE SUBJECT OF SUICIDE OPENLY PROMOTES HELP-SEEKING BEHAVIOR.

One of the many reasons Sailors do not speak up about their feelings of hopelessness is because they fear negative perceptions. By starting the discussion before these feelings occur, you are not giving a suicidal person morbid ideas or increasing risk. The opposite is true – bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.

TRUTH: OUTREACH FROM A SAILOR'S SUPPORT NETWORK CAN HELP CURTAIL THE IMPULSE TO END HIS/HER LIFE.

Even the most severely depressed person has mixed feelings about death, wavering until the very last moment. If the people that a Sailor regards the highest—loved ones, leadership, command, peers, etc—ACT (*Ask Care Treat*), the urge to “end it all” can be conquered. Most suicidal people are open to a helpful intervention, sometimes even a forced one, to show them that their circumstances will not last forever and that *Life Is Worth Living*.

TRUTH: SAILORS WHO TALK ABOUT SUICIDE AREN'T JUST JOKING AROUND.

Most people who attempt or die by suicide have given some warning that shouldn't be ignored, no matter how jokingly it's said. Statements like "you'll be sorry when I'm dead" or "I can't see any way out" may indicate serious suicidal feelings. It's likely that you're not the only person in the Sailor's life who has noticed these feelings; however, the signals may be different. It's your duty to speak up so that when others come forward, all of the pieces of the puzzle come together to facilitate the appropriate course of life-saving action.

TRUTH: VERY FEW SUICIDES OCCUR WITHOUT SOME SORT OF WARNING.

Most people communicate warning signs of how they are reacting to or feeling about stressful events in their lives, whether it be a problem with a significant other, family member, best friend, supervisor, financial matters, or legal issues. Warning signs may present themselves as direct statements, physical signs, emotional reactions, or behaviors such as withdrawing from friends. When stressors and warning signs are present, the person may wrongly consider suicide as the option to escape pain, relieve tension, maintain control, or cope with stress.

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TRUTH: A NON-FATAL SUICIDE ATTEMPT SHOULD BE TAKEN SERIOUSLY, NOT DOWNPLAYED AS AN ATTENTION-SEEKING ACT.

A non-fatal attempt by a Sailor is an opportunity to help him/her live. Rather than punishing or reprimanding someone who has expressed suicidal thoughts, offer help and alternative answers. Get them to talk to a Chaplain or counselor. Suicidal behaviors must be taken seriously. If not addressed, a thought of suicide can become an act of suicide.

TRUTH: A SAILOR CONSIDERS SUICIDE AS AN ALTERNATIVE TO MAKE THE PAIN STOP, NOT BECAUSE HE/SHE ACTUALLY WANTS TO DIE.

Very few people who consider suicide are absolutely determined or completely decided about ending their life. Most suicidal people do not want death; they want the pain to stop. Traumatic life events or jolting changes may be beyond a Sailor's own ability to cope, causing him/her to suffer through hopelessness alone. However, the majority of those who consider suicide at some time in their life find a way to continue living.

TRUTH: SUICIDAL THOUGHTS DO NOT MEAN THAT SOMEONE IS MENTALLY ILL OR "CRAZY."

Most suicidal people are not psychotic or insane. They might be upset, grief-stricken, depressed, or despairing. Extreme distress and emotional pain are not necessarily signs of mental illness. More common are disorders related to substance abuse, which may exacerbate any untreated symptoms related to depression and lead to suicidal ideation.

TRUTH: IN MOST SITUATIONS, SEEKING HELP OR TREATMENT IS AN INDICATOR OF THE GOOD RELIABILITY AND JUDGMENT REQUIRED FOR SECURITY CLEARANCES.

Less than 2% of revoked or denied clearances are for psychological problems. Failure to seek help and allowing problems to get worse and start to impact performance, conduct, and finances are more likely to lead to clearance loss. With changes in April 2008, marital, family, or grief counseling (not related to violence by the applicant and unless the treatment was court-ordered) and any counseling for post combat deployment concerns are not required to be reported on the security clearance form SF 86. While other counseling or psychological treatment is reported by the applicant on the SF 86 form and leads to an extra step in the clearance process, this very rarely results in denial or revocation of clearance.

TRUTH: WHILE LONG TERM CARE SHOULD BE HANDLED BY A PROFESSIONAL, IMMEDIATE RECOGNITION OF SOMEONE WHO NEEDS HELP IS UP TO YOU.

By paying attention to what the person is saying, taking it seriously, offering support, and getting help, you can prevent a potential tragedy. The first step in getting a suicidal person the proper professional treatment needed during his/her time of despair begins with a peer or loved one recognizing potential warning signs. Many are lost to suicide because immediate support wasn't offered. Suicide Prevention is an *All Hands Evolution*.